

State of Idaho  
State Controller's Office  
Division of Statewide Payroll

**UNIVERSITY  
PERSONNEL AUTHORIZATION FORM**

Agency Code \_\_\_\_\_

\_\_\_\_\_  
Pay Period Number

\_\_\_\_\_  
Pay Period End Date

\_\_\_\_\_  
Beginning Social  
Security Number

\_\_\_\_\_  
Ending Social  
Security Number

\_\_\_\_\_  
Completed By

\_\_\_\_\_  
Authorized Signature  
Per Idaho Code 67-2012